

HIV Prevention Program Participant Form

The following information will be used to uniquely identify you as a participant in this program while maintaining confidentiality of your identity:

The 1 st & 3 rd letter of your first name:	⇒	_ _ _
Your birthday (month/day/year):	⇒	_ _ / _ _ / _ _

The following information will be used for reporting program participant demographics only:

Please circle the category which best describes your race:	⇒	<div style="display: flex; justify-content: space-between;"> <div style="text-align: left;"> American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander </div> <div style="text-align: left;"> White African American More than one Race Race Unknown </div> </div>		
Please circle the category which best describes your ethnicity:	⇒	Hispanic or Latino	Not Hispanic or Latino	Ethnicity Unknown
Your gender (please circle):	⇒	Male	Female	Transgender
Your age:	⇒			

***Thanks for providing this information so that we can evaluate our program. Be assured that your identity will remain anonymous and your participation confidential.
Your assistance is appreciated!***

<i>To be completed by provider</i>	Name of Contracting Agency:	Date:
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